CITY OF OAKLAND

**OFFICE OF PARKS & RECREATION**

## Aquatics Unit/East Oakland Sports Center

9161 Edes Avenue

Oakland, CA 94603

Phone (510) 615-5838


###### FINANCIAL ASSISTANCE APPLICATION

***RESIDENCY IS DETERMINED ACCORDING TO ADDRESS INDICATED ON DRIVER’S LICENSE OR STATE IDENTIFICATION CARD.***

**1. FINANCIAL ASSISTANCE REQUEST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Name | Activity # | Activity Date | Fees | Add. Fees | Total Fees |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |

**2. CONTACT INFORMATION** □**Male** □**Female** □ **Child** □ **Teen** □ **Adult** □ **Senior**

**Participant/Child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_

First Middle Last Birth Date Age

**Parent/Guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

**Phones** (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Work Phone Cell Phone

**Ethnicity:** □**African American** □**American Indian** □**Asian/Pacific Islander** □**Hispanic/Latino** □**Caucasian** □**Other \_\_\_\_\_\_\_\_\_**

## I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I AM THE LEGAL PARENT/GUARDIAN OF THE ABOVE LISTED MINOR/CHILD

**3. ANNUAL GROSS HOUSEHOLD INCOME**

Check One: □ $0 ~ $4,999 □ $5,000 ~ $9,999 □ $10,000 ~ $19,999 □ $20,000 ~ $29,999

□ $30,000 ~ $39,999 □ $40,000 ~ $49,999 □ $50,000 ~ $59,999 □ $60,000 +

**4. SOURCE OF INCOME**

Check One: □ Self-Employed □ Employed □ Unemployed □ Other

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. PLEASE EXPLAIN YOUR FINANCIAL NEEDS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. WHY DOES YOUR CHILD WANT TO PARTICIPATE IN THE PROGRAM**

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**7. PLEASE PROVIDE ANY ADDITIONAL INFORMATION REGARDING YOUR REQUEST FOR ASSISTANCE**

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Financial Assistance Application Page2

**8. PLEASE INCLUDE A PHOTO COPY OF ONE OF THE FOLLOWING DOCUMENTS, AS PROOF OF FINANCIAL ASSISTANCE:**

□ Food Stamp Card □ W-2 Form □ Pay Check Stub □ A.F.D.C . □ Unemployment □ Disability

* Please include a legible photocopy of a **California ID Card** or **Drivers License** as proof of Oakland Residency.
* Please remember to fill out application form completely and include required documentation.
* Financial Assistance Application forms must be submitted either in person, by fax or by mail; no request will be accepted through the phone.

Mail or Drop-in Addresses:  *For all questions or concerns, please call (510) 615-5838 or OPRAquatics@oaklandnet.com*

**City of Oakland Parks & Recreation Youth Development Unit**

**c/o AQ Scholarships Tiffanie Lai Inouye**

**250 Frank H. Ogawa Plaza, Suite 3330**

**Oakland, CA 94612**

**(510)-238-7275 (Office(
(510)-238-3817 (FAX)**

**East Oakland Sports Center**

**c/o AQ Scholarships Tiffanie Lai Inouye**

**9161 Edes Avenue**

**Oakland, Ca 94603**

**(510) 615-5838**

* All assistance application **forms must be received 30 days prior** to the first day of the program/class/activity you are requesting.
* All applicants will be notified within in 10 ~ 14 business days of receipt of application form, by phone and/or e-mail.
* Please retain a copy of the application and supplemental information you are providing, for your records, in the event that the application form is lost in transit.

**9. MEDICAL INFORMATION (for Enrollee)**

**Please explain any medical or special needs:** □ **Allergies** □ **Medications** □ **Physical Limitations** □ **Diet Restrictions**

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**Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic/Office Phones (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Doctor Clinic After Hours

**Medical Insurance Carrier**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. RELEASE WAIVER and AUTHORIZATION FOR MEDICAL TREATMENT**

I understand that participation in aquatic activities entails an aspect of risk inherent in these activities. I hereby release and hold harmless the City of Oakland and the Office of Parks and Recreation, its directors officers, employees, agents, volunteers, and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss, and expense, including attorney fees and court costs, whether based upon causes of action for strict liability, negligence, gross or otherwise, in connection with the participation of me or my child in any activity conducted by the Office of Parks and Recreation, whether on its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on the behalf of my spouse and any other parent or guardian of the enrollee, and as legal representative and guardian of the enrollee.

**By signing below I confirm** the listed information submitted for the financial assistance application to be true to the best of my knowledge. I understand that there are a limited number of fee waivers available to Oakland Residents and that fee waivers are not guaranteed. For financial assistance requests there are limitations to the number of individual requested activity programs available. The maximum financial assistance awarded per individual, per season is as follows: **two swimming sessions at outdoor pools or one swimming session at East Oakland Sports Center.**  I further certify under penalty of perjury that all the information provided on this financial assistance application is true and correct.

This form must be signed by an adult (over age 18), either the enrollee or the legal parent or guardian.

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Signature of Enrollee or Parent/Guardian Date

**REFUND POLICY: Refund amounts are set by the City Council in the City of Oakland Master Fee Schedule. The amount of your refund is determined by how late you requested the refund and the activity enrollment of facility rental for which you paid. You may be charged an administrative fee for cancellations or transfers. If you have any questions, please contact the recreation center or program coordinator.**

**TITLE VI COMPLIANCE AGAINST DISCRIMINATION 43CFR 17.6(b):** Federal and City of Oakland regulations strictly prohibit

discrimination on the basis of race, color, national origin, age handicap, gender, sexual orientation, AIDS or ARC.

**ACCESSIBILITY:***It is the intent of the City of Oakland to fully comply with the Americans with Disabilities Act.* The Office of Parks and Recreation is committed to providing recreation opportunities for all people residing in Oakland. Auxiliary aids and services will be provided upon request whenever possible to people with disabilities. Please allow 2-3 weeks if you or your child needs special accommodations to participate. Direct requests for disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 597-5064 or EBurton@oaklandnet.com. TDD callers please use (510) 615-5883. Please describe below special accommodations you or your child need to participate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Office Use Only |
| **Please deliver/mail this application to:****East Oakland Sports Center**c\o AQ Scholarships: Tiffanie Lai Inouye9161 Edes Avenue, Oakland, Ca 94603Phone (510) 615-5838 | **Rec’d By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**□ **Approved** □ **Fees $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** □ **Partial Fee Waiver**□ **Denied** □ **Class Code \_\_\_\_\_\_\_\_\_\_\_\_\_** □ **Full Fee Waiver**□ **Reason/s Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |